CHURCHVILLE RECREATION COUNCIL

Churchville



With Ms. "C"

Summer Session: 4 classes

Located at Churchville Rec Center

July 10, 17, 24, & 31

SUMMER "Mini" Session

The session will be made up of <u>3 Groups</u>. Each grouping is structured for students to master age appropriate level of techniques, concepts, and art production in order to build skills from one class to the next.

Art Explorers (7-10 yrs)

\$100 Sunday, 12:30-2:30 (2 hours)

Students will explore the foundation of art such as color theory, composition, art elements, and design principles. Using Art History as an inspiration, students will gain an understanding of a variety of materials and techniques. Materials Included.

Art Through Observation (11-14 yrs)

\$150 Sunday, 11:30-3:00pm (3.5 hours)

Through observational drawing and painting, students in this class will learn how to observe a variety of everyday objects. Anyone can LEARN how to create "realistic" art through gesture drawing, shading, and color mixing. Materials included.

Portfolio (High school - Adult)

\$150 Sunday, 11:30-3:00pm (3.5 hours)

This "studio" art class is designed for high school students who are looking for private instruction or are working on creating an art portfolio for college admission. Classes are differentiated to meet the needs of each student working with a variety of materials, techniques, and subject matter. Most materials included

For more info on registering for classes or to reserve a spot:
Call: Alison 410-804-7404

Email: acomoglio@hotmail.com
Visit: www.churchvillereccouncil.org

Check out Facebook:

"Churchville Rec Art Program"



ART PROGRAM REGISTRATION

To Register, complete the information below for EACH student. Mail this form and **non-refundable** fee to **Attn: ART** 707 Hickory Limb Circle, Bel Air, MD 21014. Checks should be made out to **Churchville Rec Council**

DISCLOSURE STATEMENT

I do hereby expressly agree to release Harford County, Maryland, a body corporate and politic of the State of Maryland, and its elected and appointed officials, agents, officers, and employees, from all liability arising from any harm or injury, including death, sustained by me while participating in this program. I understand that there is an inherent risk involved in any program. I certify, by my signature, that I understand this and agree. I also certify that my child is physically capable of participating. I will make the instructors aware of any allergies and/or medical problems. By my signature I acknowledge my understanding of the Concussion Information, SB771/HB858, which requires that all parents/guardians and athletes be made aware of the dangers a concussion may have on an athlete. This can be found at the Center for Disease Control, www.cdc.gov/headsup/youthsports/index.html. Also the Sudden Cardiac Arrest, HB 427, which requires that all parents and athletes be made aware of the dangers that sudden cardiac arrest may have on an athlete, found at www.nhlbi.nih.gov/health/health-topics/topics/scda. Further information on both can be found by calling 1-800-232-4636.

Student Name:(Under 18) Parent Name:			Age:	Group title:		
				Phone #		
Email						
Address						
	Street		City		State	Zip
Amount Paid:		attached C ash	_ Check			